

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION (S)
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTION

JAN 3 \ 2037

OMR APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response......16.00

| SEC USE ONLY |         |       |  |  |  |
|--------------|---------|-------|--|--|--|
| Prefix       | _       | Seria |  |  |  |
|              |         |       |  |  |  |
| DAT          | E RECEI | VED   |  |  |  |
|              |         |       |  |  |  |

|   | OMFORM ELMITED OF                        | LICINO DA     | Liviliano            |                       |                                       |      |
|---|--|---------------|----------------------|-----------------------|---------------------------------------|------|
| Name of Offering ( check if this is a   | in amendment and name has changed,       | and indicate  | change.)             |                       |                                       |      |
| Interests in Western Asset Opportun   | iistic Asian Securities Portfolio, L.L.  | .C.           |                      |                       |                                       |      |
| Filing Under (Check box(es) that apply  | /): 🗌 Rule 504 🔲 Rule 505 🔯 Rul          | e 506 🔲 Se    | ction 4(6) ULO       | Е                     |                                       |      |
| Type of Filing: New Filing Am   |  | DENTIFICA     | TION DATA            |                       | · · · · · · · · · · · · · · · · · · · |      |
| 1. Enter the information requested abo  | <del></del>                              |               |                      |                       |                                       |      |
| Name of Issuer ( check if this is an a  |  | d indicate ch | inge.)               |                       |                                       |      |
| Western Asset Opportunistic Asian   | Securities Portfolio, L.L.C.             |               |                      |                       |                                       |      |
| Address of Executive Offices (Nun   |  |               |                      | ne Number (including  | g Ar <del>c</del> a Code)             |      |
| c/o Western Asset Management Con  |  |               | (626) 84             | <del>14-94</del> 00   |                                       |      |
| 385 E. Colorado Boulevard, Pasaden  | ia, CA 91101                             |               |                      |                       |                                       |      |
| Address of Principal Business Operation (if different from Executive Offices) | ons (Number and Street, City, State, Z   | ip Code)      | Telepho              | one Number (including | g Area Code)                          |      |
| Brief Description of Business   |  |               |                      | <del></del>           |                                       |      |
| Private Investment Fund.  |  |               |                      |                       |                                       |      |
| Type of Business Organization   |  | <u> </u>      |                      |                       |                                       |      |
|   | nited partnership, already formed        |               |                      |                       | PROCESSE                              |      |
|   |  | other (p      | lease specify): limi | ited liability compan |                                       |      |
| ☐ business trust ☐ lir  | nited partnership, to be formed          |               |                      |                       |                                       |      |
| Actual or Estimated Date of Incorpora   | tion or Organization:  Month  1 2        | Year<br>0 6   | ☑ Actual             | ☐ Estimated           | FEB <b>0 7</b> 2007                   | 2    |
| Jurisdiction of Incorporation or Organi                                       | ization: (Enter two-letter U.S. Postal S | Service abbre | viation for State:   |                       |                                       | لسلا |
|   | CN for Canada; FN                        |               |                      | DE                    | THOMSON                               |      |
| GENERAL INSTRUCTIONS  |  |               |                      |                       | FINANCIAL                             |      |

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

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|  |                | A. BASIC II                 | DENTIFICATION DAT   | `A             |                                   |  |  |
|--|----------------|-----------------------------|---------------------|----------------|-----------------------------------|--|--|
| <ol> <li>Enter the information requested for the following:</li> <li>X Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>X Each general and managing partner of partnership issuers.</li> </ol> |                |                             |                     |                |                                   |  |  |
| Check Box(es) that Apply:  | ⊠Promoter      | ☐ Beneficial Owner          | ☐ Executive Officer | Director       | Managing Member                   |  |  |
| Full Name (Last name first,  | if individual) |                             |                     |                |                                   |  |  |
| Western Asset Management<br>Business or Residence Addr   |                | nd Street City State Zin    | Code)               |                |                                   |  |  |
| 385 East Colorado Blvd., F   |                |                             |                     |                |                                   |  |  |
| Check Box(es) that Apply:  | Promoter       | ☐ Beneficial Owner          | ☐ Executive Officer | Director       | ☐ General and/or Managing Partner |  |  |
| Full Name (Last name first,  | if individual) |                             | <del>-</del>        |                |                                   |  |  |
| Business or Residence Addr   | ess (Number ar | nd Street, City, State, Zip | Code)               |                |                                   |  |  |
| Check Box(es) that Apply:  | Promoter       | Beneficial Owner            | ☐ Executive Officer | Director       | General and/or Managing Partner   |  |  |
| Full Name (Last name first,  | if individual) |                             |                     | ·              |                                   |  |  |
| Business or Residence Addr   | ess (Number ar | nd Street, City, State, Zip | Code)               |                |                                   |  |  |
| Check Box(es) that Apply:  | Promoter       | ☐ Beneficial Owner          | ☐ Executive Officer | Director       | General and/or Managing Partner   |  |  |
| Full Name (Last name first,  | if individual) |                             |                     |                |                                   |  |  |
| Business or Residence Addr   | ess (Number ar | nd Street, City, State, Zip | Code)               | <u> </u>       |                                   |  |  |
| Check Box(es) that Apply:  | Promoter       | ☐ Beneficial Owner          | Executive Officer   | ☐ Director     | General and/or Managing Partner   |  |  |
| Full Name (Last name first,  |                |                             |                     |                |                                   |  |  |
| Business or Residence Addr   | ess (Number ar | nd Street, City, State, Zip | Code)               | <del></del>    |                                   |  |  |
| Check Box(es) that Apply:  | Promoter       | ☐ Beneficial Owner          | Executive Officer   | ☐ Director     | General and/or Managing Partner   |  |  |
| Full Name (Last name first,  |                |                             |                     |                |                                   |  |  |
| Business or Residence Addr   | ess (Number ar | nd Street, City, State, Zip | Code)               |                |                                   |  |  |
| Check Box(es) that Apply:  | Promoter       | ☐ Beneficial Owner          | Executive Officer   | ☐ Director     | General and/or Managing Partner   |  |  |
| Full Name (Last name first,  |                | <u> </u>                    |                     | . <del>=</del> |                                   |  |  |
| Business or Residence Addr   | ess (Number ar | nd Street, City, State, Zip | Code)               |                |                                   |  |  |
| Check Box(es) that Apply:  | Promoter       | ☐ Beneficial Owner          | ☐ Executive Officer | ☐ Director     | General and/or Managing Partner   |  |  |
| Full Name (Last name first,  |                | Denomina Owner              |                     | Director       | Conorm and or Franciscus and er   |  |  |
| Business or Residence Addr   | ess (Number at | nd Street, City, State, Zip | Code)               |                |                                   |  |  |
| Check Box(es) that Apply:  | Promoter       | Beneficial Owner            | ☐ Executive Officer | ☐ Director     | General and/or Managing Partner   |  |  |
| Full Name (Last name first,  |                |                             |                     |                |                                   |  |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code)

|                      |               |                       |                            |   | B. INFOI                   | OITAMS                      | N ABOUT                        | OFFER  | ING                                   | ·                                       |  |                  |     |         |
|----------------------|---------------|-----------------------|----------------------------|---|----------------------------|-----------------------------|--------------------------------|--|---------------------------------------|---|--|------------------|-----|---------|
| 1. Has the           | e issuer sold | l, or does th         | e issuer int               | end to sell,                            | to non-acci                | edited inve                 | stors in this                  | offering?                                    | ••••••                                | *************************************** |  |                  | Yes | No<br>⊠ |
|                      |               |                       |                            | A                                       | nswer also                 | in Append                   | ix, Column                     | 2, if filing t                               | under ULO                             | Е.                                      |  |                  |     |         |
| What is th           | be minimun    | n investmer           | nt that will b             | e accepted                              | from any it                | ndividual?                  |                                |  |                                       |   |  | 9                | N/A |         |
|                      |               |                       |                            |   |                            |                             |                                |  |                                       |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                        |                  | Yes | No      |
| 3. Does t            | he offering   | permit join           | t ownersnip                | or a single                             | unit?                      |                             |                                |  |                                       |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                        | *******          |     |         |
| remuni               | eration for s | olicitation           | of purchase<br>dealer regi | rs in conne                             | ction with s<br>the SEC ar | ales of secu<br>d/or with a | urities in the<br>state or sta | offering.                                    | If a person name of the               | to be listed<br>e broker or             | ission or sin<br>is an associa<br>dealer. If m<br>broker or de | ated<br>ore than |     |         |
| Full Name (L.<br>N/A | ast name fit  | st, if indivi         | dual)                      | _"                                      |                            |                             |                                |  |                                       |   |  |                  |     |         |
| Business or R        | lesidence A   | ddress (Nu            | mber and S                 | reet, City,                             | State, Zip C               | ode)                        |                                |  |                                       |   |  | -                |     |         |
| Name of Asso         | ociated Bro   | ker or Deal           | ег                         |   |                            |                             |                                |  |                                       |   |  |                  |     |         |
| States in Whi        | ch Person I   | isted Has S           | Solicited or               | Intends to S                            | Solicit Purc               | nasers                      |                                |  |                                       |   |  |                  | _   |         |
| (Check               | "All States'  | or check is           | ndividual S                | tates)                                  | ******                     |                             |                                |  |                                       |   | All States   |                  |     |         |
|                      |               |                       |                            |   | [CO]                       | [CT]                        | (DE)                           | [DC]   | [FL]                                  | [GA]                                    | (HI)   | [ID]             |     |         |
| [AL]<br>[IL]         | [AK]<br>[IN]  | [AZ]<br>[IA]          | [AR]<br>[KS]               | [CA]<br>[KY]                            | [LA]                       | [ME]                        | [MD]                           | [MA]   | [MI]                                  | [MN]                                    | [MS]   | [MÓ]             |     |         |
| [MT]<br>[RI)         | (NE)<br>(SC)  | [NV]<br>(SD)          | [NH]<br>[TN]               | [KI]<br>[XT]                            | [NM]<br>[UT]               | (NY)<br>[VT]                | [NC]<br>[VA]                   | [ND]<br>[WA]                                 | [OH]<br>[WV]                          | [OK]<br>[WI]                            | [OR]<br>[WY]   | [PA]<br>[PR]     |     |         |
| Full Name (L         |               |                       | dual)                      |   |                            |                             |                                |  |                                       |   |  |                  |     |         |
| Business or R        | lesidence A   | ddress (Nu            | mber and S                 | treet, City,                            | State, Zip C               | ode)                        |                                |  |                                       |   |  |                  |     |         |
| Name of Asso         | ociated Bro   | ker or Deal           | er                         |   |                            |                             | <del></del>                    | <u>.                                    </u> |                                       |   |  |                  |     |         |
| States in Whi        | ch Person I   | isted Has S           | Solicited or               | Intends to                              | Solicit Purc               | hasers                      |                                |  |                                       |   | · · · · · · ·  |                  |     |         |
| (Check "All S        | States" or cl | neck individ          | iual States)               | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                            |                             |                                | ***************************************      |                                       |   | All States   |                  |     |         |
|                      |               |                       | [AR]                       | [CA]                                    | (CO)                       | [CT]                        | (DE)                           | (DC)   | (FL)                                  | [GA]                                    | [HI]   | [ID]             |     |         |
| [AL]<br>[IL]         | [AK]<br>[IN]  | [AZ]<br>[IA]          | [KS]                       | [KY]                                    | [LA]                       | (ME)                        | [MD]                           | [MA]   | įmij                                  | [MN]                                    | [MS]   | [MO]             |     |         |
| [MT]                 | (NE)          | [NV]                  | [NH]<br>[TN]               | (NJ)<br>[TX]                            | (MM)<br>(UT)               | [NY]<br>[VT]                | [NC]<br>[VA]                   | [WD]<br>[WA]                                 | [OH]<br>[WV]                          | [OK]<br>[WI]                            | [OR]<br>[WY]   | [PA]<br>[PR]     |     |         |
| [RI]<br>Full Name (L | ast name fi   | [SD]<br>rst, if indiv |                            | 1171                                    |                            | . 1 * * 1                   | [711]                          | . 1  | 11                                    | (112)                                   |  | <u></u>          |     |         |
| Business or F        | Residence A   | ddress (Nu            | mber and S                 | treet, City,                            | State, Zip (               | Code)                       |                                |  |                                       |   |  |                  |     |         |
| Name of Ass          | ociated Bro   | ker or Deal           | er                         |   |                            |                             | · <del>-</del>                 |  |                                       |   |  |                  |     |         |
| States in Whi        | ich Person I  | Listed Has            | Solicited or               | Intends to                              | Solicit Purc               | hasers                      |                                |  |                                       |   |  |                  |     |         |
| (Check "All S        | States" or c  | heck indivi           | dual States)               |   | .,                         | ***************             |                                |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | E                                       | All States   |                  |     |         |
| [AL]                 | [AK]          | [AZ]                  | [AR]                       | [CA]                                    | [CO]                       | [CT]                        | [DE]                           | [DC]   | (FL)                                  | [GA]                                    | [HI]   | (ID)             |     |         |
| (IL)                 | [M]           | [1A]                  | [KS]                       | [KY]                                    | [LA]                       | [ME]                        | [MD]                           | [MA]<br>[ND]                                 | (MI)<br>(OH)                          | [MN]<br>[OK]                            | [MS]<br>(OR)   | [MO]<br>[PA]     |     |         |
| [MT]<br>[RI]         | [NE]<br>[SC]  | [NV]<br>[SD]          | (NH)<br>(TN)               | [NJ]<br>[TX]                            | [NM]<br>[UT]               | [VY]<br>[VT]                | [NC]<br>[VA]                   | [WA]   | [WV]                                  | [WI]                                    | [WY]   | [PR]             |     |         |

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF   | PROCEEDS                    |                                      |
|----|---|-----------------------------|--------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |                                      |
|    | Type of Security  | Aggregate Offering<br>Price | Amount Already<br>Sold               |
|    | Debt  | \$                          | s                                    |
|    | Equity  | \$                          | \$                                   |
|    | ☐ Common ☐ Preferred  |                             |                                      |
|    | Convertible Securities (including warrants)   | \$                          | s                                    |
|    | Partnership Interests   | S                           | s                                    |
|    | Other (Specify) Interests   | \$ 1,000,000,000            | \$ 50,000,000                        |
|    | Total   | \$ 1,000,000,000            | \$ 50,000,000                        |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                             | l                                    |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                             |                                      |
|    |   | Number Investors            | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors  | 2                           | \$ 50,000,000                        |
|    | Non-accredited Investors  |                             | \$                                   |
|    | Total (for filings under Rule 504 only)   |                             | s                                    |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                             |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |                             |                                      |
|    | Type of offering  | Type of                     | Dollar Amount                        |
|    | ••  | Security                    | Sold<br>i a                          |
|    | Rule 505  |                             | \$                                   |
|    | Regulation A  |                             | \$                                   |
|    | Rule 504  |                             | \$                                   |
|    | Total   |                             | \$                                   |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                                      |
|    | Transfer Agent's Fees   |                             | \$                                   |
|    | Printing and Engraving Costs  |                             | \$                                   |
|    | Legal Fees  | ⊠                           | \$ 15,000                            |
|    | Accounting Fees   |                             | \$                                   |
|    | Engineering Fees  |                             | S                                    |
|    | Sales Commissions (specify finders' fees separately)  |                             | S                                    |
|    | Other Expenses (identify)   |                             | \$                                   |
|    | Total   | ×                           | \$ 15,000                            |

|     | C. OFFERING PRICE,  | NUMBER OF INVESTORS, EXPENSES AND US   | SE OF PROCEEDS   | <del></del>   |
|-----|---|--|--|---|
| 4.  | b. Enter the difference between the aggregate offering expenses furnished in response to Part C - Question 4 issuer."   | g price given in response to Part C - Question 1 and to<br>a. This difference is the "adjusted gross proceeds to t | tal<br>he  | \$ 999,985,000  |
| 5.  | Indicate below the amount of the adjusted gross proceed the purposes shown. If the amount for any purpose is left of the estimate. The total of the payments listed of the forth in response to Part C - Question 4.b. above. | not known, furnish an estimate and check the box to t  | the  |   |
|     |   |  | Payments to  |   |
|     |   |  | Officers, Directors, & Affiliates                            | Payments To<br>Others                                     |
|     | Salaries and fees   |  | 🗆 \$   | □\$   |
|     | Purchase of real estate   |  |  | □ <b>s</b>  |
|     | Purchase, rental or leasing and installation of machine   |  |  | □ <b>s</b>  |
|     | Construction or leasing of plant buildings and facilities   |  |  | □ s   |
|     | Acquisition of other businesses (including the value offering that may be used in exchange for the assets of pursuant to a merger)  | of securities involved in this or securities of another issuer   | □ \$   | □ <b>\$</b>   |
|     |   |  |  | <b>□</b> \$   |
|     | Working capital   |  | □ <b>s</b>   |   |
|     | Other (specify): Investments in securities and expe   | s  | ☑ \$ 999,985,000   |   |
|     | Column Totals   |  | s  | ☒ \$ 999,985,000  |
|     | Total Payments Listed (column totals added)   |  | 9,985,000  |   |
|     |   | D. FEDERAL SIGNATURE   | . <u> </u>   |   |
| เกษ | issuer has duly caused this notice to be signed by the undertaking by the issuer to furnish to the U.S. Securitie accredited investor pursuant to paragraph (b)(2) of Rul   | s and Exchange Commission, upon written request of   | ed under Rule 505, the followits staff, the information furn | wing signature constitutes<br>iished by the issuer to any |
| Is: | setern Asset Opportunistic Asian Securities rtfolio, L.L.C.   | James & Amer   | Date<br>January 29, 2007                                     |   |
| N   | me of Signer (Print or Type)  | Me of Signer (Print or Type)<br>lead of Client Service and Marketing Support of the                                | ne Managing Member of th                                     | e Issuer  |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

